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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Examiner Thanh, Loan H.	Adam Bell
COMPANY:	DATE:
USPTO	05/20/03
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(703)872-9303	15
PHONE NUMBER:	SENDER'S TELEPHONE NUMBER:
(703)305-0038	408-864-7435
RE:	OUR REFERENCE NUMBER:
Patent Application Ser. No. 09/205,251	DURE-021

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

FAX RECEIVED

MAY 20 2003

GROUP 3700

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DURE-021

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the attention
 Of Examiner L. Thanh Group Art Unit 3763, U.S. Patent and Trademark Office to
 Facsimile No. (703) 872-9303 on the date shown below.
 On: 05/20/03 By: Crystal Sosa
 Signature: Crystal Sosa

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Application of:** Arenberg, et al**Title:** CONTROLLED RELEASE SYSTEM FOR DELIVERING THERAPEUTIC AGENTS
INTO THE INNER EAR**Serial No.:** 09/205,251**Filing date:** 12/04/98**Examiner:** Thanh, Loan H.**Group Art Unit:** 3763**Mail Stop AF****Commissioner for Patents****P.O. Box 1450****Alexandria, VA 22313****TRANSMITTAL FEE SHEET**

Sir:

Transmitted herewith are the following for the above-identified application:

1. Transmittal Fee Sheet (2pp.);
2. Petition for Extension of Time (1pg.);
3. Request for Continued Examination Transmittal (RCE) (1pg.);
4. Response to Final Office Action (11pp.).

X Applicant claims Small Entity Status**Fee Calculation** – The fee has been calculated as follows:**CLAIMS AS FILED** (Fees computed under §1.16)

Claims	Number Filed	Minus claims already paid for	Number Extra	Small Entity Rate	RCE Fee \$375.00
Total Claims	48	-25	23	X \$ 9	\$ 207.00
Indep. Claims	7	-3	4	X \$42	\$ 168.00
Multiple Dependent Claim(s), if any + \$270					\$ 0

TOTAL FILING FEE \$750.00**Petition for Extension of Time Fee** \$205.00**TOTAL FEES** \$955.00

DURE-021

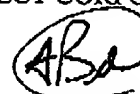
The Commissioner is hereby authorized to charge Deposit Account no. 50-1953 in the amount of \$ 955.00. The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to Deposit Account No. 50-1953.

If there are any questions regarding the above, the Examiner is invited to call the undersigned at 408-864-7435.

Date: 5/20/03.

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Respectfully submitted,
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